Indiana State Department of Health

Weekly Influenza Report

Week 48

Report Date: Friday, December 11, 2015

The purpose of this report is to describe the spread and prevalence of influenza-like illness (ILI) in Indiana. It is meant to provide local health departments, hospital administrators, health professionals and residents with a general understanding of the burden of ILI. Data from several surveillance programs are analyzed to produce this report. Data are provisional and may change as additional information is received, reviewed and verified. For questions regarding the data presented in this report, please call the ISDH Surveillance and Investigation Division at 317-233-7125.

WEEKLY OVERVIEW

Influenza-like Illness - Week Ending December 5, 2015	
ILI Geographic Distribution	Sporadic
ILI Activity Code	Minimal
Percent of ILI reported by sentinel outpatient providers	0.87%
Percent of ILI reported by emergency department chiefs	1.30%
Percent positivity of influenza specimens tested at ISDH	0%
Number of influenza-associated deaths	0
Number of long-term care facility outbreaks	0
Number of school-wide outbreaks	0

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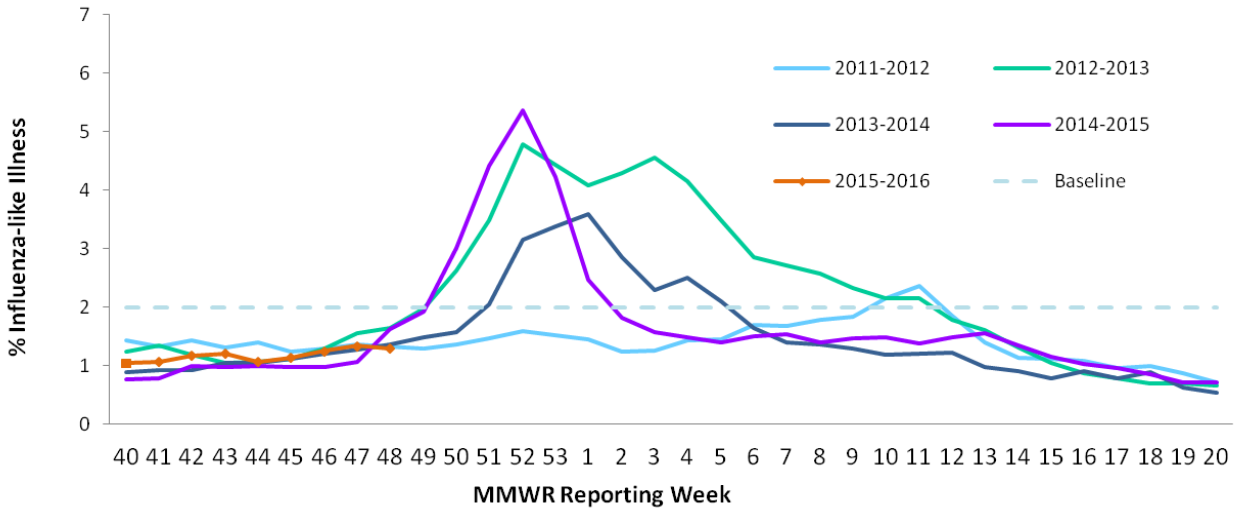
SENTINEL SURVEILLANCE SYSTEM

Data are obtained from sentinel outpatient providers participating in the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet). Data are reported on a weekly basis for the previous Morbidity and Mortality Weekly Report (MMWR) Week by the sentinel sites and are subject to change as sites back-report or update previously submitted weekly data.

Percent of ILI Reported by Type of Sentinel Outpatient Facility, Indiana, 2015-2016 Season			
MMWR Week	All Reporters %ILI (n)	Universities %ILI (n)	Non-Universities %ILI (n)
48	0.87% (25)	0.64 (9)	0.97 (16)
47	1.51% (28)	0.29 (10)	1.18 (18)
46	1.18% (29)	0.40 (11)	1.58 (18)

Percent of ILI Reported by Age Category in Sentinel Outpatient Facilities, Indiana, 2015-2016 Season		
Age Category, years	Total Number of ILI	Percent of ILI
0-4	12	24.49%
5-24	24	48.98%
25-49	8	16.33%
50-64	3	6.12%
65+	2	4.08%
Total	49	--

Percent of Patients with Influenza-Like Illness (ILI) Chief Complaint in Emergency Departments, Indiana, 2015-2016



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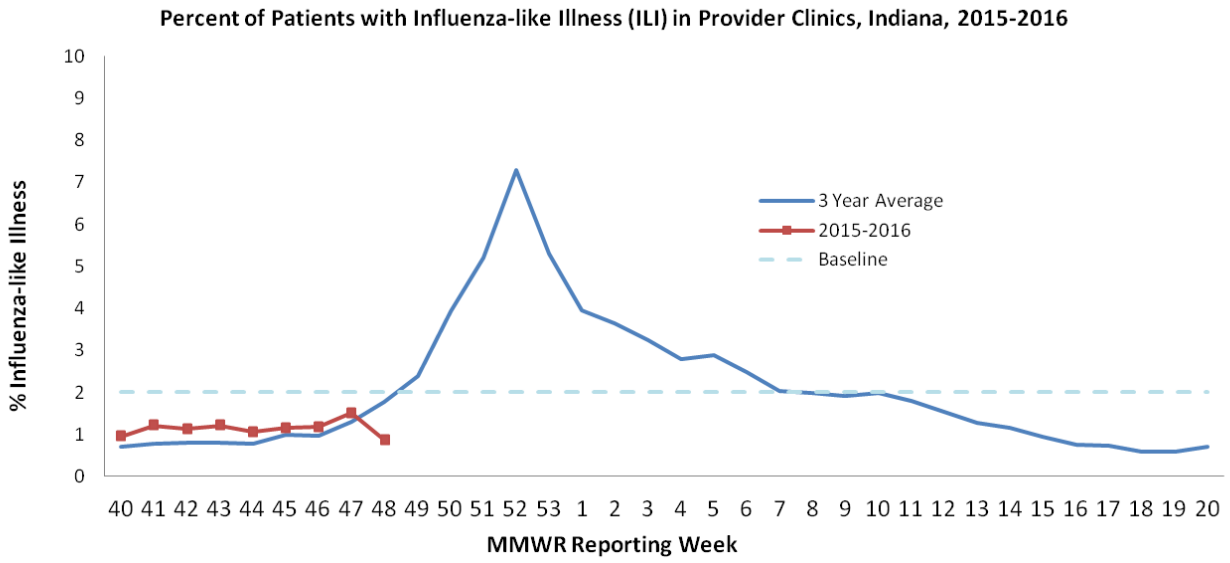
SYNDROMIC SURVEILLANCE SYSTEM

Data are obtained from hospital emergency department chief complaint data through the Indiana Public Health Emergency Surveillance System (PHESS). Data are reported on a weekly basis for the previous Morbidity and Mortality Weekly Report (MMWR) Week and are subject to change as hospitals back-report or update previously submitted weekly data.

Percent of ILI Reported in Emergency Departments by District, Indiana, 2015-2016 Season		
	Previous MMWR Week	Current MMWR Week
Indiana	1.34%	1.30%
District 1	1.29	1.09
District 2	1.34	1.26
District 3	0.64	0.63
District 4	2.18	2.27
District 5	1.20	1.27
District 6	1.67	1.79
District 7	1.28	1.13
District 8	1.33	1.00
District 9	1.69	1.67
District 10	1.54	1.34



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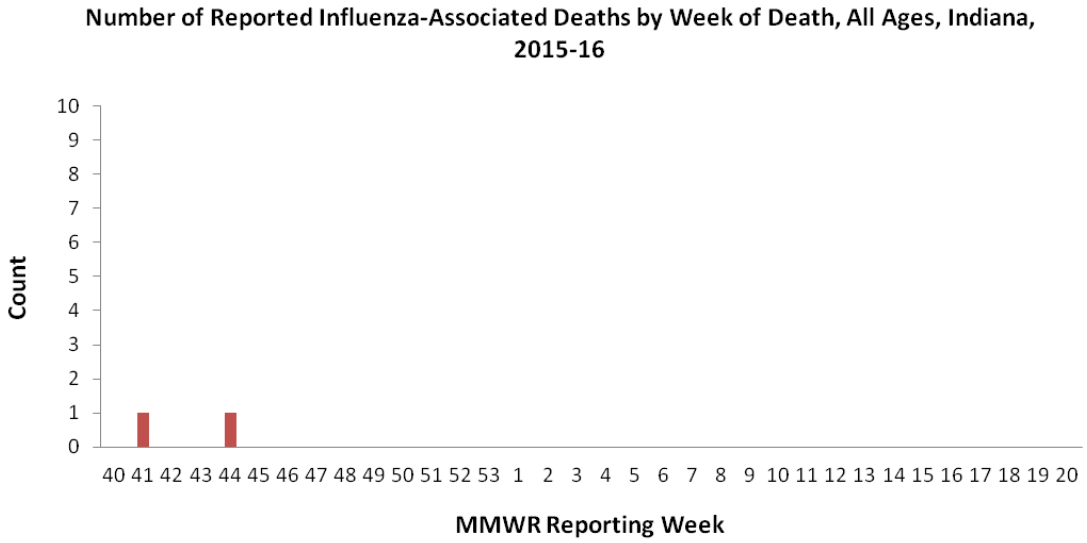
INFLUENZA-ASSOCIATED MORTALITY

Data are obtained from the Indiana National Electronic Disease Surveillance System (I-NEDSS). Influenza-associated deaths are reportable within 72 hours of knowledge; however, not all cases are reported in a timely manner so data in this report as subject to change as additional cases are back-reported.

Number of Laboratory Confirmed Influenza-Associated Deaths for All Ages, Indiana, 2015-2016 Season	
Age Category, years	Season Total
0-4	0
5-24	0
25-49	0
50-64	1
65+	1
Total	2

Counties with ≥5 Laboratory Confirmed Influenza-Associated Deaths for All Ages, 2015-2016 Season			
County	Season Total	County	Season Total



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VIROLOGIC SURVEILLANCE

Circulating Influenza Viruses Detected by ISDH Laboratory*, Indiana, 2015-2016 Season				
	Week 48		Season Total	
PCR Result	Number	Percent of Specimens Received	Number	Percent of Specimens Received
2009 A/H1N1pdm virus	0	0%	0	0%
Influenza A/H3 seasonal virus	0	0%	0	0%
Influenza A/H1 seasonal virus	0	0%	0	0%
Influenza B seasonal virus	0	0%	1	1.1%
Influenza negative	11	100%	82	94.3%
Inconclusive	0	0%	0	0%
Unsatisfactory specimen†	0	0%	4	4.6%
Influenza Co-infection$^{\Delta}$	0	0%	0	0%
Total	11	**100%**	87	**100%**

*Data obtained from the ISDH Laboratory via specimens submitted from the ISDH Sentinel Influenza Surveillance System and IN Sentinel Laboratories.

†Unsatisfactory specimens include specimens that leaked in transit, were too long in transit, or were inappropriately labeled.

$^{\Delta}$ All previous-year co-infections have been influenza A/H3 and influenza B.

Circulating Non-Influenza Viruses Detected by the ISDH Laboratory, Indiana, 2015-2016 Season			
Result	Week 48	Season Total (Since 10/1/15)	Early Surveillance (9/1/15 - 9/30/15)
Adenovirus	0	1	0
Coronavirus 229E	0	0	0
Coronavirus HKU1	0	0	0
Coronavirus NL63	0	0	0
Coronavirus OC43	0	0	0
Enterovirus NOS	0	0	0
Enterovirus/Rhinovirus	0	2	1
Human Metapneumovirus	0	0	0
Parainfluenza 1 Virus	0	1	1
Parainfluenza 2 Virus	0	1	0
Parainfluenza 3 Virus	0	1	0
Parainfluenza 4 Virus	0	1	0
Rhinovirus	0	0	0
Respiratory Syncytial Virus	0	0	0
Total	**0**	**7**	2

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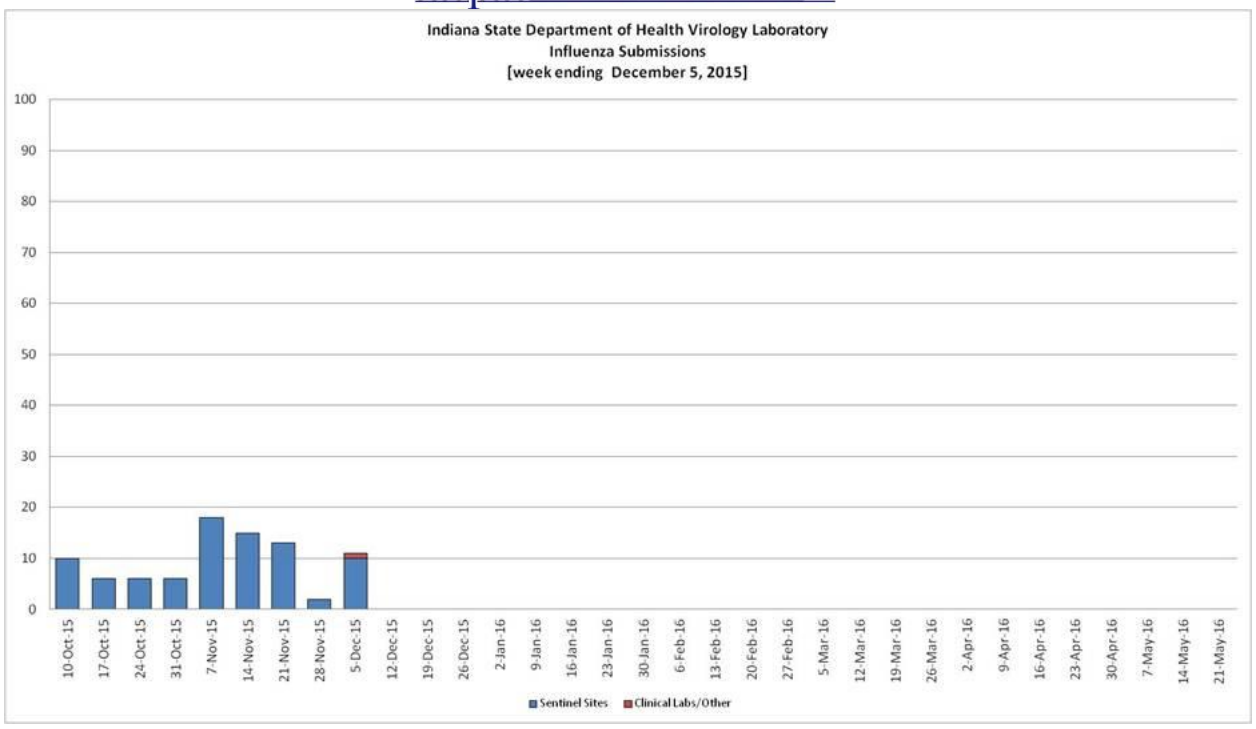

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FLU REVIEW

Flu Vaccine Resources

- Peak flu activity often occurs in January or February, and it takes about two weeks for vaccination protection to take effect. With the holidays just around the corner, vaccination uptake usually slows down this time of year; however, now is the perfect time to get vaccinated and be prepared! For help promoting flu vaccination, download some of the CDC's free flu materials, including print, audio/video, social media, and web tools, available in multiple languages.
- Need a practice-oriented review of key influenza vaccination information? The Influenza module of *You Call the Shots* has been updated for the current 2015-16 flu season. Several types of continuing education credit are available for completing this web-based training course (NCIRD).

Flu News and Related Studies

- Part of the CDC Expert Commentary series, "Why Healthcare Providers Must Receive a Flu Vaccine" examines the critical importance of increasing the influenza vaccination rate among healthcare personnel, especially in long-term care facilities, which currently evidence the lowest vaccination rates (CDC and Medscape).
- Overall U.S. seasonal influenza activity remains below the national baseline while continuing to slowly increase. Seven states now report local influenza activity (see map), with further increases expected in coming weeks. View the latest FluView report for more about current influenza activity, trends, and impact throughout the United States (CDC).
- Immune system bias and behavior based on past influenza virus exposure provides a new obstacle to designing a universal influenza vaccine, and increases the significance of exposure history for researchers (Science Translational Medicine).

For Further Information, Visit:

www.in.gov/isdh/25462.htm
www.cdc.gov/flu
www.flu.gov